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CONFIRMATION NO. 7231

SERIAL NUMBER 10/804,387	FILING DATE 03/19/2004 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 034401.00001
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APPLICANTS

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** CONTINUING DATA **** *RON*

This appln claims benefit of 60/463,695 04/17/2003

** FOREIGN APPLICATIONS **** *none* *no*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>RON</i> Examiner's Signature	NC	4	<i>14 13</i>	2
	Initials				

ADDRESS

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TITLE

Transportable intravenous bag stand

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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